TAB B: CMS System Accreditation Form

❑ Accreditation

❑ Interim Accreditation

✔	**Accreditation is required for the following reason(s):**
	New System
	Major system modification
	Increased system data sensitivity level
	Serious security violation
	Changes in the threat environment
	Expired Accreditation

A The signature below attests to the (❑approval ❑denial) of formal management approval to process (system accreditation) based on the conditions listed in attachments B and C for the system listed below. This approval to process expires on the close of business, on the following date: _____.

_____
Name of System

_____
CMS Component   **System Owner/Manager (name)**

I, the CMS CIO (or his/her Senior Management Official Designee) have examined the controls implemented for this system and consider them (❑adequate ❑not adequate) to meet agency policy and the system appears to be operating at an (❑acceptable ❑unacceptable) level or risk.

(printed name)_____(signature)_____
CMS CIO or Senior Management Official Designee   **Date**

B   **Accreditation Restrictions**

Accreditation is granted with the following restrictions (use additional pages if necessary):

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C

Accreditation Actions

The following specific actions are to be completed by the dates indicated (use additional pages if necessary):